

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050410

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 3 1964

317

500

4027

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY IRON		
1 4000	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ	b. CITY (If outside separate limits, give TOWNSHIP only) JEFFERSON BARRECKS MISSOURI	Length of stay in 1b 2 DAYS	c. CITY OR TOWN ANNAPOLIS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2 0470		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE # 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3		3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM F. UTHOFF		4. DATE OF DEATH Month Day Year DECEMBER 27, 1963	
4 0		5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-7-85
5 2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE	9. AGE (last birthday) 78
6		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
7 0		13a. FATHER'S NAME FREDERICK UTHOFF		13b. MOTHER'S MAIDEN NAME SARAH QUAST	14. NAME OF HUSBAND OR WIFE WIDOWED
8 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. [REDACTED]	
9 491X		17. INFORMANT CLARA SHURIG (SISTER) Address 1200 McKNIGHT RICHMOND HEIGHTS, MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARDIO-RESPIRATORY INSUFFICIENCY DUE TO (b) BILATERAL BRONCHOPNEUMONIA DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
10		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA: GENERALIZED ARTERIOSCLEROSIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
11		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
12 48-0		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
13		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
	20f. CITY, TOWN, OR LOCATION COUNTY STATE				
	21. I attended the deceased from 12-25-63 to 12-27-63 Death occurred at 9:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.				
	22a. SIGNATURE (Deceased or title) John F. Mueller MD		22b. ADDRESS M.D. VET ADM HOSP, JEFF BRKS, 25, MO		
	22c. DATE SIGNED 12-28-63				
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE DEC. 31, 1963		
	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) JEFFERSON BARRECKS MO.		
	24. FUNERAL DIRECTOR BEIDERWIEDEN F.H., INC., 3620 CHIPPEWA ST.		25. DATE RECD. BY LOCAL REG. 12-30-63		
	26. REGISTRAR'S SIGNATURE Joseph Murphy MD				

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harner H. Fritz*

Licensed Embalmer No.

3882

P. O. Address

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.